Updated Evidence Base on the CASE Approach (February, 2023)

Compiled by the Training Institute for Suicide Assessment and Clinical Interviewing (TISA)
www.suicideassessment.com
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Concise Description: The Chronological Assessment of Suicide Events (CASE Approach) is an interviewing strategy - developed from innovations in the field of clinical interviewing (e.g. advanced empathic principles and concisely operationalized validity techniques) - for uncovering suicidal ideation, planning, actions, and intent. It was designed to be used by all mental health professionals as well as by primary care clinicians and other allied health providers. It is unique in two ways.

1) The CASE Approach functions as both a rapid, 3-question screening tool for the presence of suicidal ideation that can immediately - and in an engaging and conversational fashion - be flexibly expanded to sensitively uncover a client’s hidden method of choice for suicide (MOC), extent of actions taken using their MOC, and immediate intentions to use the MOC to proceed with suicide in clients at immediate risk (next 24-hours) or imminent risk (next seven days).

2) Unlike semi-structured interview formats, clinicians never use cue sheets - nor record information - while asking the questions used in the CASE Approach. Consequently, the clinician can utilize 100% of their attention for engaging the client while carefully observing for subtle nonverbal indicators that the client is distorting or withholding information, an advantage of critical - sometimes life-saving - importance with clients intent upon suicide.

The design of the CASE Approach allows it to be flexibly utilized as a solo method for screening and comprehensively uncovering suicidal ideation/planning/intent or in conjunction with well-established approaches. For instance, the CASE Approach is an excellent follow-up interview for immediate use after traditional screening tools such as the ASQ or the PHQ-9 identify the presence of suicidal ideation (SI). Through the use of the validity techniques of the CASE Approach it can also be easily utilized to ensure the validity and comprehensiveness of the SI data base demanded by Part-B of the SSF-5 of the CAMS.

Online training allows for the initial scaling - as well as ongoing sustainability and implementation of the CASE Approach - in various settings such as hospitals, emergency departments, mental health/primary care clinics, school counseling centers, and crisis lines.

I. Journal Articles Describing Research Utilizing the CASE Approach

II. Journal Articles & Books Recommending the Use of the CASE Approach for Eliciting Suicidal Ideation Across Clinical Settings

Interviewing techniques from the CASE Approach have been recommended for use as an in-depth interviewing tool for uncovering hidden methods of choice and extent of action (Moutier, Pisani, and Stahl, 2021), as a method for enhancing the validity of client self-report on suicidal ideation and intent (Freedenthal, 2018; May, 2004), as a ‘gold standard’ for uncovering suicidal ideation across clinical settings in general (Joiner, Simpson, Rogers, et al., 2018), and as being ‘by far the best method of assessing suicide risk’ with regards to the interviewing techniques used to elicit suicidal ideation (Carlat, 2016), as well as a chapter being dedicated solely to its use in *The American Psychiatric Textbook of Suicide Assessment and Management, 2nd Edition* (Simon, & Hale, 2012).

In addition, the strategy has been recommended for use in a variety of clinical settings including: high schools (Erbacher, Singer, & Poland, 2015), colleges (Reed, & Shea, 2015), primary care settings (Binder, 2013), substance abuse counseling (Shea, 2001), correctional systems (Knoll, 2009, 2010), the military (Kennedy, & Zillmer, 2012), psychiatric residency programs (Adler et al., 2016), emergency departments (New Zealand Government Ministry of Health, 2016), and as a sound basis for forensic documentation (Simpson, & Stacy, 2004). The CASE Approach and its validity techniques have also been recommended to be core components in continuing education courses on suicide assessment and intervention for mental health professionals across clinical settings (Mirick, et. al., 2020).

References

Adler, L.D., Slootsky, V., Griffith, J.L., & Khin, E. (2016). Teaching the fundamentals of
the risk assessment interview to clinicians. *Psychiatric Annals, 46*, 293-297.


III. National and International Organizations Recommending the CASE Approach

**National Organizations (representative sampling)**

In the United States the CASE Approach was presented in an updated version for 21 consecutive years at the Annual Meeting of the American Association of Suicidology (AAS, 2019). CASE Approach Trainings have appeared on the Suicide Care Training Options List on the Zero Suicide Initiative website essentially since its inception (Zero Suicide Website, 2018). Training in the CASE Approach is a recommended resource on the SPRC website (SPRC, 2022). Historically, interviewing techniques and principles of the CASE Approach (such as its use of validity techniques) have been important components of both the AMSR (https://solutions.edc.org/solutions/zero-suicide-institute/amsr/amsr-services/amsr-training) and the RRSR (https://suicidology.org/wp-content/uploads/2019/06/RRSR_Curriculum.pdf).

Magellan recommends the CASE Approach for all clinicians in its clinical manual (Magellan, 2000-2020). The Texas State Plan for Suicide Prevention recommends the CASE Approach (Texas, 2018) and Texas is currently (2023) providing access to online courses on the CASE Approach across the state. CA 988 is recommending the CASE Approach for crisis line providers and is providing access to the two online courses on the CASE Approach across the state on their website (California, 2022).
References


California (2022). CA 988 Website with CASE Approach online courses offered (links currently under construction) Contact: Liseanne Wick MS, D.Div. Director, Suicide Prevention and Crisis Services, Wellspace Health, email: lwick@wellspacehealth.org


Zero Suicide Website https://zerosuicide.edc.org/sites/default/files/202011/2020.11.18%20Suicide%20Care%20Training%20Options_0.pdf. (Accessed on 7/8/22)

International Organizations (representative sampling)

Queensland, Australia recommends the CASE Approach in its “Suicide Prevention Practice Guidelines” (Queensland, 2021).

In the Netherlands the CASE Approach is recommended by the Multidisciplinary Guidelines regarding the assessment and treatment of suicidal behavior (Van Hemert et al., 2012). It was subsequently adopted as the standard interviewing approach for uncovering suicidal ideation in a nation-wide study on effective means of training mental health professionals at 48 psychiatric sites across the Netherlands (De Beurs et al., 2015).

In Canada, the CASE Approach is recommended for use across the Provence of British Columbia (Monk, & Samra, 2007).
Northern Ireland is using the CASE Approach as part of their Zero Suicide Pathway and is currently providing access to online training on the CASE Approach across the country (Northern Ireland, 2022).

The Hertfordshire Partnership University NHS Foundation Trust in England is incorporating the CASE Approach (via the required use of the CASE Approach Online Basic-Skills Course) into its experiential training on clinical interviewing called the HPFT Simulation Hub (Hertfordshire Partnership NHS Foundation Trust, 2023)

The CASE Approach has been translated into the following languages:
   a) Chinese
   b) Japanese
   c) Spanish
   d) French
   e) Dutch


**References**


Hertfordshire Partnership NHS Foundation Trust (2023) Magon, Rakesh. Deputy Medical Director and Consultant Psychiatrist. [rakesh.magon@nhs.net](mailto:rakesh.magon@nhs.net).

Monk, L., & Samra, J. (2007). Working with the patient who is suicidal: a tool for adult mental health and addiction services. The British Columbia Ministry of Health in conjunction with the Centre for Applied Research in Mental Health and Addiction (CARMHA) (pp 32-33).

Northern Ireland, Department of Health (2022): Geraldine McDonnell, Program Coordinator, Towards Zero Suicide. [Geraldine.mcdonnell@northerntrust.hscni.net](mailto:Geraldine.mcdonnell@northerntrust.hscni.net).
IV. Special Populations Requesting CASE Approach Trainings

Note that over 300 trainings on the CASE Approach have been provided by its creator, both nationally and internationally. The following examples provide a sampling of who has shown an interest in the CASE Approach and why (please refer to Dr. Shea's CV for details:  https://suicideassessment.com/wp-content/uploads/2020/06/Shea-CV-Updated-2020-1.pdf).

A. Military (both Active Duty and Veterans)

1. Stop Soldier Suicide (SSS): The CASE Approach has been adopted as the cornerstone suicide assessment tool in all initial intakes performed by SSS. All clinical staff are required to take the Advanced Core-Skills Online Course as well as being macrotrained on the CASE Approach - a four-hour individual serial role-playing session. (See https://stopsoldiersuicide.org/)

2. Military Bases and VAs: The CASE Approach has been presented - both as didactic workshops and as full-day certification programs - at 26 military facilities. These facilities include Military Bases (such as Tripler Army Base, Groton Naval Base, U. S. Naval Base in San Diego, Canadian Forces Base Shilo), numerous VA VISNs, VET Centers of New England, VA Diversion Program of New England and at the Annual Suicide Prevention Conference for the Department of Defense.

B. Primary Care and Other Allied Health Providers

Over 20 presentations, full-day Certifications, and enduring products on the CASE Approach for use in primary care and hospital settings have been given or created for organizations and allied health professional audiences as varied as St. Jude Hospital (Memphis, TN) and Alberta Medical Society Primary Care (Edmonton, Alberta, Canada) to organizations such as Kelsey Seybold, CIGNA, and Kaiser Permanente. (Please see Dr. Shea’s CV for details)

These venues include presentations such as “Quickly and Effectively Uncovering Suicidal Ideation in a Primary Care Setting” at state-wide conferences such as the New Jersey
Department of Health Annual Conference (2019) and the A NEW WAY Forward Conference in Philadelphia, PA (2012). (Please see Dr. Shea’s CV for details)

**Enduring Products and Podcasts for Primary Care**

Shea, S.C. Tips for uncovering suicidal ideation in the primary care setting. Part of the 4-part CD-Rom Series entitled *Hidden Diagnosis: Uncovering Anxiety and Depressive Disorders* produced by GlaxoSmithKline, 1999.


https://www.goodfellowunit.org/podcast/case-approach-suicide-assessment

**Nursing Programs Utilizing the “CASE Approach: Core-Skills Online Course”**

University of Wyoming: All undergraduate nursing students are required to take the “CASE Approach: Core-Skills Online Course”. Curriculum instituted in 2022. (Note that roughly 98% of these students pursue careers outside of psychiatry such as primary care, surgery, pediatrics, intensive care, and emergency medicine).

C. University, College, High School, and Middle School Counseling Centers

Over 19 presentations or full-day Certifications on the CASE Approach for use in school counseling centers have been provided. These programs ranged from middle schools and high schools (Andover Public School System, Massachusetts and Pascock Valley Regional School District, Pascock, New Jersey) to universities and colleges (George Washington University, Brown University, University of Oregon, University of Massachusetts, Virginia Tech, University of California at Davis, University of California at Santa Barbara and the Annual Harvard Medical School’s “School Mental Health Course”. (Please see Dr. Shea’s CV for details)

D. Psychiatric Centers, Residencies, and Graduate Schools

“The Chronological Assessment of Suicide Events (CASE Approach): An Innovative Method for Training Residents to Competently Elicit Suicidal Ideation” was presented at the 32nd Annual Meeting of the American Association of Directors of Psychiatric Residency Training in 2003. Since that time the CASE Approach has been presented at numerous training programs both within psychiatry and in graduate programs including: Western Psychiatric Institute and Clinic, the Menninger Clinic, the Mayo Clinic, Harvard University (Brigham and Women’s Division), Hershey Medical Center, McGill University, University of Ottawa, Bryn Mawr School of Social Work, and Antioch School of
Counseling. (Please see Dr. Shea’s CV for details)

E. Special Note on Priority Indigenous Groups

In North America, trainings on the CASE Approach (provided directly on Native American and First Nation reservations) have been warmly received by clinicians working with the Pueblo and Tulalip Tribes (United States) and the Six Nations Tribes (Canada). In addition, a special half-day presentation was given on the CASE Approach at the Nashville Area Indian Health Service Behavioral Health Professionals’ Suicide and Depression Multi-day Conference. (Please see Dr. Shea’s CV for details)

In Australia, presentations and certifications on the CASE Approach were warmly received by clinicians who provide clinical services to areas where the region has a large representation of Aboriginal people and Torres Strait Islanders such as in Cairns and Mackay. It is also of note that presentations on the CASE Approach were also warmly received by clinicians in New Zealand in those locations where they provide services to the Maori people. (Please see Dr. Shea’s CV for details)

F. Annual Meetings of Professional Organizations and Symposia

Numerous organizations have requested keynotes, half-day, and full-day trainings on the CASE Approach at their Annual Meetings. A sampling is as follows: International Association of Suicide Prevention (IASP), the American Association of Suicidology (AAS), the American Psychiatric Association (APA), the Psychiatric Congress, Roskilde Psykiatri Seminar (Copenhagen, Denmark), North Dakota’s Spring Behavioral Health Conference, Vermont Psychological Society, Wisconsin’s Annual Crisis Intervention Conference, National Suicide Prevention Lifeline Crisis Center Conference, Pennsylvania State Psychiatric Conference, Canadian MHA’s Annual Crisis Meeting, Prince Edward Island Annual Atlantic Psychiatric Conference, Annual Conference of the New York State Nurse Practitioner Association, Annual Meeting of the Iowa Psychological Association, Federal Bureau of Prison’s Annual Meeting of Chief Psychologists, Centennial Celebration of the Psychiatric Hospital Dennenoord (Zuidlaren, Holland), Cape Cod Symposium, Santa Fe Symposium, Door County Summer Institute, and others. (Please see Dr. Shea’s CV for details)

V. Online Courses and Podcasts on the CASE Approach

Course #1 - The CASE Approach: Core-Skills Course
Training Institute for Suicide Assessment and Clinical Interviewing (suicideassessment.com)
https://suicideprevention.onlinecourses.suicideassessment.com/courses/basic

Course #2 – The CASE Approach: Advanced Core-Skills Course (Deluxe Package)
Training Institute for Suicide Assessment and Clinical Interviewing (suicideassessment.com)
VI. Book on the CASE Approach and General Suicide Assessment


VII. Book Chapters on the CASE Approach


VIII. Journal Articles on the CASE Approach


IX. Support from Leading Suicidologists (representative sampling)

“. . . . The CASE Approach moves the clinician almost imperceptibly into the secret internal workings of the mind and soul of the patient tormented by suicidal ideation. I believe that the CASE Approach is a remarkable conceptual and clinical contribution to the field of suicidology. It should be routinely taught to any front-line clinician. It has the power to meaningfully save lives.”

David A. Jobes, Ph.D.
Past President, American Association of Suicidology
Author, Managing Suicidal Risk, 2nd Edition

“Shea’s subsequent video demonstration of the CASE Approach are, in my opinion, unparalleled in the history of mental health training. I have never seen such great teaching tapes on eliciting suicidal ideation. They are a treasure, and I believe that many lives will be saved by those lucky enough to view them.”

Jan Fawcett, M.D.
Professor of Psychiatry, University of New Mexico
Recipient of Lifetime Achievement Awards from both the American Association of Suicidology and the American Foundation for Suicide Prevention

(Referring to the CASE Approach): “provides the best systematic approach to suicide assessment and the tools to sharply reduce the risk of malpractice liability.”

Phillip J. Resnick, M.D.
Professor and Director of Forensic Psychiatry
Case Western Reserve University, School of Medicine

“One of the most reliable and well-respected methods of interviewing to assess suicide risk is the CASE Approach (Chronological Assessment of Suicide Events) . . . . the CASE Approach helps guide the clinician towards a more comprehensive, reliable interview that reduces the chance that important information or questions will be left out of the evaluation. . . .”

James L. Knoll, M.D.
Former Editor of the Psychiatric Times
“In my opinion, the CASE Approach is without a doubt the most practical, sophisticated, and immediately useable interviewing strategy for uncovering suicidal ideation and dangerous intent. If all mental health providers were trained in the CASE Approach, I believe that thousands of lives would be saved a year. And I’m not exaggerating, I believe this in my very core. A triumph of innovation. A great gift to the field of suicide prevention.”

 Skip Simpson, JD
 Practice Limited to Psychiatric and Psychological Malpractice
 Former Board Member of the American Association of Suicidology

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